

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
FAX #: (608) 261-7083
Phone #: (608) 266-2112

Ship To: 1400 E. Washington Avenue
Madison, WI 53703
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

CERTIFICATE OF COMPLETION OF AN ORGANIZED EDUCATIONAL FIELD EXPERIENCE IN SUBSTANCE USE DISORDER TREATMENT

APPLICANT: COMPLETE TOP PORTION OF THIS FORM AND FORWARD TO THE SCHOOL IN WHICH YOU COMPLETED THE SUBSTANCE ABUSE FIELD EXPERIENCE.

Please check box: ☐ SAC-IT

Last Name

First Name

MI

Former / Maiden Name(s)

Address (street, city, state, zip)

Date of Birth

 / /

Social Security # (Voluntary-For use by school to locate your records)

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I hereby authorize the school named below to provide the Department with the information requested below.

Applicant Signature

Date / /

SCHOOL: CERTIFY COMPLETION OF A FIELD EXPERIENCE FROM AN ACCREDITED SCHOOL BELOW AND RETURN DIRECTLY TO DSPS: YOU MAY FAX/EMAIL WITH FACILITY COVER SHEET/LETTER TO: (608) 261-7083 or DSpscSubstanceAbuse@wisconsin.gov.

Name of School

☐ **The above named applicant has completed an organized educational field experience in Substance Use Disorder Treatment.**
Attach, on school letterhead, a description of the organized educational field experience.

Date of Completion: / /

Signed

Date / /

Title